

Name Change

Please send this form to the address given below. There is no charge to change your name.

INDIVIDUAL

FORMER NAME

Last (maximum number of characters allowed)

First (maximum number of characters allowed)

Middle Initial or Name

SUFFIX (Jr., Sr., I, II, etc.)

NEW NAME

Last (maximum number of characters allowed)

First (maximum number of characters allowed)

Middle Initial or Name

SUFFIX (Jr., Sr., I, II, etc.)

SOCIAL SECURITY
NUMBER

BUSINESS/
DAYTIME PHONE

SIGNATURE

By signing your name, you are affirming that the change is true and legally correct. There is no need to send documents to prove the change.

Note: A name change will produce a new license document automatically. Your new license will be sent to your mailing address listed on our database.

Note: Changing your name will NOT change your Continuing Education review date.

AGENCY/CORPORATION/PARTNERSHIP/SOLE PROPRIETORSHIP

FORMER NAME

NEW NAME

FEIN

DAYTIME
PHONE

EXTENSION

OFFICER/PARTNER/ SOLE PROPRIETOR'S SIGNATURE

By signing, I affirm that the change is true and legally correct on behalf of the entity named above.

The entity must submit legal proof of the name change such as Amended Articles of Incorporation/Organization, new dba filing, etc.

When complete, please send to

Michigan Division of Insurance
PO Box 23127
Lansing, MI 48909-3127

OR

overnight to

ASI/OFIS
6920 South Cedar, Suite 6
Lansing, MI 48911-6924

Our web address is
<http://cis.state.mi.us/ofis>

Our toll free phone number is
1-877-999-6442

